

SHEPPARD, MULLIN, RICHTER & HAMPTON LLP
A Limited Liability Partnership
Including Professional Corporations
TRACEY A. KENNEDY, Cal Bar No. 150782
ROBERT MUSSIG, Cal. Bar No. 240369
H. SARAH FAN, Cal. Bar No. 328282
350 South Grand Avenue, 40th Floor
Los Angeles, CA 90071-3460
Telephone: 213.620.1780
Facsimile: 213.620.1398
E-mail: tkennedy@sheppardmullin.com
rmussig@sheppardmullin.com
sfan@sheppardmullin.com

Attorneys for Defendant.
CHEVRON U.S.A. INC.,
a Pennsylvania corporation

UNITED STATES DISTRICT COURT

CENTRAL DISTRICT OF CALIFORNIA – WESTERN DIVISION

MARK SNOOKAL, an individual,

Plaintiff,

vs.

CHEVRON USA, INC., a California
Corporation, and DOES 1 through 10,
inclusive,

Defendants.

Case No. 2:23-cv-6302-HDV-AJR

**DEFENDANT CHEVRON USA, INC.'S
OPPOSITION TO PLAINTIFF MARK
SNOOKAL'S MOTION IN LIMINE NO.
1 – DAUBERT MOTION TO EXCLUDE
THE EXPERT OPINION TESTIMONY
OF DR. VICTOR ADEYEYE**

Date: July 24, 2025

Time: 10:00 a.m.

Place: Courtroom 5B – Fifth Floor

District Judge: Hon. Hernán De. Vera

Magistrate Judge: Hon. A. Joel Richlin

Action Filed: August 3, 2023

Trial Date: August 19, 2025

OPPOSITION TO PLAINTIFF’S MOTION IN LIMINE NO. 1

I. INTRODUCTION

Defendant Chevron U.S.A. Inc., a Pennsylvania corporation (“Chevron U.S.A.” or “Defendant”), opposes Plaintiff Mark Snookal’s Motion in Limine No. 1 seeking to exclude the percipient expert opinion of Dr. Victor Adeyeye, a cardiologist in Nigeria whose opinion was consulted to determine whether Plaintiff’s heart condition would prevent him from working in one of the most remote places on earth. Plaintiff’s motion should be denied because (1) Dr. Adeyeye’s opinion is based on his scientific or specialized knowledge in cardiology (there is no dispute that he is medical professional), which would assist the jury in determining an essential fact of the case; and (2) Dr. Adeyeye’s opinion is based on sufficient facts and reliable principles and methods as utilized by cardiologists in the industry. Dr. Adeyeye, whose job is the management of acute medical emergencies and outpatient management of medical cases, especially cardiovascular disease,¹ assessed a low risk of an adverse cardiovascular occurrence related to Plaintiff’s heart condition. This fact is not in dispute by any of the doctors who are involved in this case, including Plaintiff’s proposed cardiology expert. There is no basis for this Court to conclude that there is such an analytical gap between Dr. Adeyeye’s opinion and the facts that Dr. Adeyeye’s opinion, which was provided to Chevron U.S.A. and Plaintiff, can be excluded.

For these reasons, Plaintiff’s Motion in Limine No. 1 should be denied.

II. ARGUMENT

A. Dr. Adeyeye is a Qualified Expert Because His Opinion Reflects Specialized Medical Expertise in Cardiology and Will Assist the Trier of Fact In Determining Material Issues.

When acting as a gatekeeper for the admissibility of expert testimony, the Court performs a two-step test: first, the Court determines if a witness has the required

¹ See Mussig Decl., ¶ 2, Ex. A [Adeyeye Dep. Tr.] at 15:3-16:24.

1 expertise; then the Court ensures that “any and all testimony or evidence admitted is not
2 only relevant, but reliable.” *Daubert v. Merrell Dow Pharms., Inc.*, 509 U.S. 579, 589
3 (1993). In applying Federal Rule of Evidence 702, the trial court exercises broad
4 discretion regarding the admissibility of expert-technical evidence by performing a
5 ““gatekeeping role . . .to all expert testimony”” *Hangarter v. Provident Life &*
6 *Accident Ins. Co.*, 373 F.3d 998, 1017 (9th Cir. 2004); *see Daubert*, 509 U.S. at 590-92
7 (1993). A court properly exercises this gatekeeping role to exclude expert testimony only
8 where the “factual basis, data, principles, methods, or their application [of the expert’s
9 testimony] are called sufficiently into question” by the moving party because the expert
10 has not used “the same level of intellectual rigor that characterizes the practice of an
11 expert in the relevant field” *Kumho Tire Co. v. Carmichael*, 526 U.S. 137, 149, 152
12 (1999).

13 Here, the sole basis for Plaintiff’s claim that Dr. Adeyeye’s medical opinion is not
14 based on scientific, technical, or other specialized knowledge is the fact that Dr. Adeyeye
15 has never treated an employee with a dilated aortic root condition that has ruptured or
16 dissected (see Mussig Decl., ¶ 2, Ex. A [Adeyeye Dep. Tr.] at 62:20-63:4), only
17 performed an autopsy on a patient who died because they could not be provided treatment
18 after they arrived in his care with an aortic rupture (*id.* at 21:23-22:14). Plaintiff’s
19 argument misses the crux of the issue. Plaintiff was not deemed unfit for duty in Escravos
20 *because his heart condition could not be monitored or treated on-site.*² Plaintiff could not
21 perform his duties in Escravos because a cardiovascular complication relating to his heart
22 condition, such as a dissection or rupture, would result in certain death in Escravos due to
23 the lack of access to medical facilities and personnel. *Id.* at 128:18-129:3; *id.* at ¶ 3, Ex. B
24 (Akintunde Dep. Tr.) at 81:3-82:5, 82:9-24. In other words, Plaintiff was deemed unfit

25
26 ² Indeed, it could not be—the evidence at trial will show that Plaintiff’s heart condition
27 required regular monitoring using imaging equipment that was not available in Escravos
28 and Plaintiff was recommended to take medication which could not be prescribed nor
obtained in Escravos.

1 for duty because the occurrence of an adverse cardiovascular event in Escravos would
2 lead to this death. This is not in reasonable dispute.

3 Furthermore, Plaintiff's argument presents a fatal flaw. It is undisputed that the
4 risk of an adverse cardiovascular event occurring as a result of an aortic root dilation is
5 not assessed based solely on a doctor's subjective or anecdotal experience with treating
6 such conditions in their patients, but rather data aggregated in medical journals which
7 studied the incidence of such events over hundreds or thousands of medical cases.
8 Indeed, Dr. Adeyeye not only assessed Plaintiff's cardiovascular status and imaging
9 reports, but also consulted national and international guidelines set by respected medical
10 institutions (Mussig Decl., ¶ 2, Ex. A [Adeyeye Dep. Tr.] at 109:17-111:1) as well as
11 medical journals published in Nigeria and internationally studying the epidemiology of
12 aortic root dilations and the fatality rates associated with same (*id.* at 72:20-74:1). Dr.
13 Akintunde also assessed Plaintiff's risk of an adverse cardiovascular event based on
14 medical literature and the adverse aortic outcomes of patients reported. Mussig Decl., ¶ 3,
15 Ex. B (Akintunde Dep. Tr.) at 70:6-22. Finally, Plaintiff's proposed cardiology expert,
16 Dr. Marmureanu, also made an opinion of Plaintiff's risk based not only on his own
17 experience, but also on medical publications which show "the incidence of aortic
18 dissection [or] rupture in someone with" Plaintiff's condition. *Id.* at ¶ 4, Ex. C
19 (Marmureanu Dep. Tr.) at 27:14-28:12.)

20 Dr. Adeyeye's opinion is furthermore directly relevant to the issues being
21 considered by the jury because Dr. Eshiofe Asekomeh, who made the determination that
22 Plaintiff was not fit for duty in Escravos, separately requested Dr. Adeyeye's cardiology
23 opinion as well as that of Dr. Akintunde, and relied upon their independent and
24 corroborating opinions in making his determination. Thus, Dr. Adeyeye's opinion is
25 percipient expert testimony. In terms of Dr. Adeyeye's factual testimony regarding his
26 consultation in Plaintiff's fitness for duty determination, he will necessarily need to
27 testify about his consultation and opinion as provided to Dr. Asekomeh, as well as the
28 bases for his opinion.

1 Accordingly, Dr. Adeyeye's opinion, which appropriately considered a review of
2 Plaintiff's medical records and case-specific medical studies relating to Plaintiff's
3 condition, "reflects scientific knowledge and reliable methodology." *Dunivin v. Cnty. of*
4 *Riverside*, 2024 U.S. Dist. LEXIS 132082, *23 (C.D. Cal. Jun. 14, 2024) (citing *Kennedy*
5 *v. Collagen Corp.*, 161 F.3d 1226, 1227-28 (9th Cir. 1998)) (finding a cardiologist's
6 opinion formed based on his review of medical textbooks regarding the plaintiff's
7 condition as well as the plaintiff's medical records were scientifically reliable and
8 relevant). Whether Dr. Adeyeye had ever treated a patient with an aortic root dilation
9 who was alive is relevant only, if at all, to the weight, not admissibility, of Dr. Adeyeye's
10 opinion. See *LeBlanc v. City of Los Angeles*, 2006 U.S. Dist. LEXIS 96768, *21-22
11 (citing *Gaydar v. Sociedad instituto Gineco-Quirurgico y Plaintiffacion Familiar*, 345
12 F.3d 15, 25 (1st Cir. 2003) (finding reversible error where a physician expert's testimony
13 was excluded because he was not trained in the most directly relevant specialty);
14 *Holbrook v. Lykes Bros. S.S. Co.*, 80 F.3d 777, 782 (3d Cir. 1996) (same)).

15 As Dr. Adeyeye's opinion is founded upon reliable scientific and specialized
16 knowledge which would assist the jury in determining one of the material facts at issue in
17 this case, Plaintiff's Motion *in Limine* must be denied.

18 **B. Dr. Adeyeye is a Qualified Expert Because His Opinion Is Based on the**
19 **Sufficient Facts and Data Through the Application of Reliable**
20 **Principles and Methods.**

21 "Rule 702 requires that expert testimony relate to scientific, technical, or other
22 specialized knowledge, which does not include unsupported speculation and subjective
23 beliefs." *Guidroz-Brault v. Missouri Pacific R.R. Co.*, 254 F.3d 825, 829 (9th Cir. 2001);
24 see *Daubert*, 509 U.S. at 590. Expert testimony is appropriately admitted if "the
25 proponent demonstrates to the court that it is more likely than not that the proffered
26 testimony meets the admissibility requirements set forth in the rule." See Fed. R. Evid.
27 702, Advisory Committee Notes, 2023 Amendments.
28

1 Rule 702 requires an expert’s testimony to be based on “sufficient facts or data,”
2 which is a matter of “foundation, not corroboration.” *Favell v. Univ. of S. Cal.*, 2024 U.S.
3 Dist. LEXIS 210443, *19-20 (C.D. Cal. Nov. 13, 2024) (*quoting Elosu v. Middlefork*
4 *Ranch Inc.*, 26 F.4th 1017, 1025-26 (9th Cir. 2022)). While a court may “conclude that
5 there is simply too great an analytical gap between the data and the opinion proffered,
6 Rule 702 does not license a court to engage in freeform factfinding, to select between
7 competing versions of the evidence, or to determine the veracity of the expert's
8 conclusions at the admissibility stage.” *Id.* (citations, quotation marks, and brackets
9 omitted). Such a finding cannot be made here regarding Dr. Adeyeye’s testimony.

10 Here, Plaintiff’s objections to the factual bases for Dr. Adeyeye’s opinion are all
11 based on his arguments that Dr. Adeyeye did not consider certain or a sufficient number
12 of studies, or that Dr. Adeyeye did not consider as much of Plaintiff’s medical data and
13 history as Plaintiff contends he should have. Not only are these contentions without basis
14 in fact, as will be demonstrated at trial, they fail as a matter of law to constitute sufficient
15 grounds to exclude Dr. Adeyeye’s testimony because they go to the weight, not
16 admissibility, of Dr. Adeyeye’s opinion. *Kennedy*, 161 F.3d 1226, 1230-31 (*quoting*
17 *McCulloch v. H.B. Fuller Co.*, 61 F.3d 1038, 1044 (2d Cir. 1995) (finding “[d]isputes as
18 to the strength of [an expert's] credentials, faults in his use of [a particular] methodology,
19 or lack of textual authority for his opinion, go to the weight, not the admissibility, of his
20 testimony”)).

21 In addition to medical journal articles Dr. Adeyeye reviewed as part of his practice
22 as a cardiologist, he recalls specifically reviewing medical journal articles in assessing
23 Plaintiff’s risk of an adverse cardiovascular event. Mussig Decl., ¶ 2, Ex. A (Adeyeye
24 Dep. Tr.) at 74:4-15. Plaintiff’s argument that these articles do not constitute “sufficient
25 facts or data” to form the basis of Dr. Adeyeye’s opinion is nothing more than an attempt
26 to contest the validity of competing medical journal articles which do not corroborate
27 Plaintiff’s position.
28

1 Dr. Adeyeye has testified that he reviewed local and international articles relating
2 to Plaintiff's heart condition to obtain reliable data from reputable medical institutions
3 regarding the risk of an adverse occurrence. *Id.* Dr. Adeyeye has testified that he
4 reviewed a local article which reviewed 2,501 echocardiographs of cardiac patients which
5 involved a small occurrence of congenital heart disease, but not any person diagnosed
6 with an aortic root dilation, from which he concluded that Plaintiff's condition was rare.
7 *Id.* at 74:16-75:6. Dr. Adeyeye has testified that he reviewed another local article which
8 reviewed cases with Plaintiff's condition, "most" of which were found at autopsy. *Id.* at
9 72:20-73:16. Dr. Adeyeye has testified that he reviewed a United States study reviewing
10 fatal aortic ruptures in the United States, which assessed that the rate of mortality after a
11 patient experienced an adverse cardiovascular event was over 90%, because "patients
12 don't often live to warrant such evaluation for treatment." *Id.* at 76:5-23. Finally, Dr.
13 Adeyeye testified that he reviewed local and international guidelines established by
14 reputable medical institutions, including one published by the University of Calgary,
15 which provided information about the risk of dissection, the risk of rupture, and attendant
16 mortality rates, relative to the size of the aortic dilation. *Id.* at 77:15-25.

17 Plaintiff contends, without support and based merely on non-medical speculation,
18 that the medical journals Dr. Adeyeye reviewed and their contents do not constitute
19 sufficient facts or data based solely on his own arbitrary assumptions. There is no
20 evidence that the articles reviewed by Dr. Adeyeye solely involved patients who were not
21 taking preventative medications for their heart conditions. Aside from Plaintiff's say-so,
22 there is no evidence that an echocardiographical study of cardiac patients' heart
23 conditions is irrelevant to an understanding of Plaintiff's heart condition or the risk of an
24 adverse occurrence. That Dr. Adeyeye had to review local medical articles which mostly
25 studied post-mortem cardiac conditions makes the exact point Plaintiff is trying to
26 avoid—that Plaintiff's heart condition is susceptible to a sudden and catastrophic
27 occurrence which, in a heightened supermajority of cases, cannot be treated in Nigeria at
28

1 large, much less in Escravos, one of the most remote corners of the country, resulting in
2 death.

3 Plaintiff makes much of the fact that Dr. Adeyeye did not speak to Plaintiff or to
4 Plaintiff's cardiologist in making his assessment of risk of an adverse cardiovascular
5 occurrence. Notably, Plaintiff's cardiology expert likewise did not speak with Plaintiff or
6 Plaintiff's cardiologist at any time before rendering his opinion, and did not believe it
7 was necessary to do so because he had data from medical journals, Plaintiff's imaging
8 reports, and medical records. *See* Mussig Decl., ¶ 4, Ex. C (Marmureanu Dep. Tr.) at
9 54:14-55:6. Additionally, Dr. Adeyeye and Dr. Akintunde agree that speaking with
10 Plaintiff and his cardiologist was unnecessary when they already had Plaintiff's imaging
11 reports and medical records. *See* Mussig Decl., ¶ 2, Ex. A (Adeyeye Dep. Tr.) at 119:14-
12 121:24; *id.* at ¶ 3, Ex. B (Akintunde Dep. Tr.) at 77:7-18. It is indisputable that Dr.
13 Adeyeye's opinion cannot be disqualified for this reason.

14 Furthermore, contrary to Plaintiff's contention, Dr. Adeyeye has never indicated
15 that he did not conduct an independent assessment of Plaintiff's risk of an adverse
16 cardiovascular event based on his review of Plaintiff's imaging reports. *See* Mussig
17 Decl., ¶ 2, Ex. A (Adeyeye Dep. Tr.) at 121:16-24. Dr. Adeyeye testified that he
18 conducted his own independent assessment, and that the opinion of another cardiologist,
19 including Plaintiff's cardiologist, did not impact his assessment because he made his
20 determination based on Plaintiff's cardiology records. Additionally, Drs. Adeyeye and
21 Akintunde, whose independent opinions Dr. Asekomeh relied upon in making the
22 determination on Plaintiff's fitness for duty, did not speak with each other at the time
23 they rendered their opinions in 2019. *See* Mussig Decl., ¶ 3, Ex. B (Akintunde Dep. Tr.)
24 at 22:6-15.

25 Finally, Plaintiff's Opposition cites Dr. Adeyeye's testimony out of context to
26 argue, without support, that Dr. Adeyeye should have considered more information about
27 Plaintiff's health condition, referring to the "MEP" considered by Dr. Aiwuyo. The
28 "MEP" is the "Medical Examination Program" prepared by Chevron as guidelines for

1 medical suitability determinations. *See* Mussig Decl., ¶ 5, Ex. D (MEP). The MEP does
2 *not* contain guidelines as to how Plaintiff’s specific heart condition would be assessed for
3 risk from an occupational health perspective. Dr. Adeyeye did testify that in making his
4 assessment of risk, he reviewed local and international guidelines established by
5 reputable medical institutions, including one published by the University of Calgary,
6 which provided information about the risk of dissection, the risk of rupture, and attendant
7 mortality rates, relative to the size of the aortic dilation. *See* Mussig Decl., ¶ 2, Ex. A
8 (Adeyeye Dep. Tr.) at 77:15-24. Dr. Adeyeye and Dr. Akintunde testified that if any
9 additional information were available to them (e.g., about Plaintiff’s family, medical, or
10 social history; his metabolic panel, his health habits, disorders, etc.), *it would only have*
11 *maintained or increased the assessed level of risk, not decreased it.* *See* Mussig Decl., ¶
12 2, Ex. A (Adeyeye Dep. Tr.) 123:20-125:15; *id.* at ¶ 3, Ex. B (Akintunde Dep. Tr.) 44:22-
13 45:11.

14 As demonstrated above, Dr. Adeyeye’s opinions are soundly based on the medical
15 and factual data available to him. This Court cannot select between competing expert
16 evidence or make a determination as to the veracity of an expert’s opinion at this stage.
17 There is simply no basis to conclude that there is such a great analytical gap between the
18 data provided and Dr. Adeyeye’s opinion that it would render Dr. Adeyeye’s opinion
19 inadmissible. Accordingly, Plaintiff’s Motion *in Limine* must be denied.

20 **III. CONCLUSION**

21 For all the foregoing reasons, this Court should deny Plaintiff’s Motion in Limine
22 to exclude Dr. Adeyeye’s expert opinion instead permit Chevron U.S.A. to introduce
23 such evidence as it sees fit.

24
25 *[signature appears on following page]*
26
27
28

1 Dated: July 15, 2025

2 SHEPPARD, MULLIN, RICHTER & HAMPTON LLP

3
4 By /s/ Robert Mussig
5 TRACEY A. KENNEDY
6 ROBERT MUSSIG
7 H. SARAH FAN
8 Attorneys for Defendant
9 CHEVRON U.S.A. INC.,
10 a Pennsylvania Corporation
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28